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SERIAL NUMBER 10/757,105	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 4900.001
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APPLICANTS
 Robert P. Letendre, Hialeah, FL;

**** CONTINUING DATA ******* MS
 This appln claims benefit of 60/439,860 01/14/2003

**** FOREIGN APPLICATIONS *******
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 04/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>M. L.</i> Initials: <i>MS</i>	STATE OR COUNTRY FL	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
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ADDRESS
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TITLE
 Toothbrush having multiple selectable brushing surfaces

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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